

BS99-090



PATENT

#16/C
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2/2/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

DALE JOHNSON ET AL.

Serial No.: 09/588,534

Filed: June 7, 2000

For: MECHANIZED TAX WORKSHEET

Art Unit: 3627

Examiner: Gort, Elaine L.

AMENDMENT

RECEIVED

JAN 23 2004

GROUP 3600

Box: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on October 21, 2003, please amend the above-identified application as follows:

No extension of time or other fees are believed to be due, except as detailed in the attached documents. However, any extension of time necessary to prevent abandonment is hereby requested, and any fee necessary for consideration of this response is hereby authorized to be charged to Deposit Account Number 50-1390.

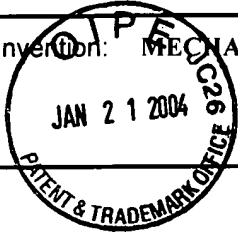

Amendments to the Specification: None.

Amendments to the Claims: reflected in the listing of claims that begins on page 2 of this paper.

Amendments to the Drawings: None.

Remarks: begin on page 8 of this paper.

3627

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. BS99-090	
Applicant(s): DALE JOHNSON ET AL.					
Serial No. 09/588,534	Filing Date June 7, 2000	Examiner GORT, Elaine L.	Group Art Unit 3627		
Invention: MECHANIZED TAX WORKSHEET					
					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1390 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ <i>Signature</i>			Dated: January 21, 2004		
Lawrence D. Eisen Registration No. 41,009 SHAW PITTMAN LLP 1650 Tysons Boulevard McLean, VA 22102 Customer No. 28970			<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVE JAN 23 2004 GROUP 36 </div>		
CC:			<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. _____ <i>Signature of Person Mailing Correspondence</i> _____ <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>		